Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:		<u>03-23-11</u>	Address:	807 E. Dubail	
Case #	:	<u>11-4359</u>		South Bend, Indiana	
Count	y :	St. Joseph		<u>46613</u>	
Type of Laboratory Seizure (check one) Seizure Logation (check all that apply)					
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)			□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):					
Red Phosphorous/Iodine Reaction(s):					
⊠ Flammable Solvents: <u>In Residence</u>					
Water Reactive Metal (Lithium):					
Anhydrous Ammonia:					
Hydrochloric Acid Gas Generator(s):					
Corrosive Acid: Residence					
Corrosive Base: Residence					
Other (item and location): sus aramonia nitrate res					
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services			Investigative Information Ephedrine/Pseudocphedrine Tracking Log Rotail/Merchant Tip Other: Ann Tip		
This report is to be faxed to the following agencies that serve the location:					
Fire Department: SBFD			Fax: <u>574-235-9305</u>		
Health Department: St. Joe County HD			Fax: <u>574-2</u> Fax:		
Child Protection Service:					
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Set. Paul Moring Phone 574-235-9406 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department					
list	listed within 24 hours of scene processing.				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention,